

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)**

SERIAL NO.

10

625642

FILING DATE

APPLICANT

3/2/6 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3	↓		↓	4	↓			↓		↓		↓
TOTAL DEP.	33	←		←	31	←			←		←		←
TOTAL CLAIMS	26				35								
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TOTAL IND.		↓		↓		↓			↓		↓		↓
TOTAL DEP.		←		←		←			←		←		←
TOTAL CLAIMS													